

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005767

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 62

FILED FEB 25 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, give TOWNSHIP, only) <u>Jefferson City</u>		c. CITY OR TOWN <u>Owensville</u>	
Length of stay in 1b <u>4 weeks</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Chas. Still Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>Cherry Ave.</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Alonzo</u> Middle <u>Borlesch</u> Last <u>Borlesch</u>		4. DATE OF DEATH Month <u>Feb.</u> Day <u>11</u> Year <u>1963</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-18-1901</u>
9. AGE (last birthday) <u>61</u>		10. IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	
11. IF UNDER 24 HR Hours <u> </u> Min. <u> </u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Machinery</u>	
11. BIRTHPLACE (City and state or country) <u>Owensville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Gustav A. Borlesch</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Hesse</u>	
14. NAME OF HUSBAND OR WIFE <u>Iva Nowack Borlesch</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>57</u>		17. INFORMANT Address <u>Mrs. Iva Borlesch Owensville, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>medullary failure</u> DUE TO (b) <u>uremia</u> DUE TO (c) <u>Carcinoma prostate</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause, last.		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>duodenal ulcer</u>		PART III. If deceased was female was there a pregnancy in last 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. <u> </u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>1/14/3</u>		20f. CITY, TOWN, OR LOCATION <u>Jefferson City</u>	
20g. COUNTY <u>Jefferson</u>		20h. STATE <u>Mo.</u>	
21. I attended the deceased from <u>1/14/3</u> to <u>2/11/3</u> and last saw him alive on <u>2/11/3</u> Death occurred at <u>10:45 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>R. E. Michael D.O.</u>		22b. ADDRESS <u>Jefferson City</u>	
22c. DATE SIGNED <u>2/12/3</u>		22d. (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2-14-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Countryside Mem. Gardens Owensville, Mo.</u>	
24. FUNERAL DIRECTOR <u>Gottenstroeter Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>13 February 1963</u>	
26. REGISTRAR'S SIGNATURE <u>R. E. Michael</u>		27. (State)	

(Licensed Embalmer's Statement on Reverse Side)

SEP 26 1963

FEB 27 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Jerry A. Thompson

Licensed Embalmer No. 5165

P. O. Address Owensville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.